

# U.S. SECURITIES AND EXCHANGE COMMISISON Washington, D.C. 20549

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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|-----------|--------------|----------|
| OM        | 1B APPRO     | VAL      |
| OMB Nu    | mber 3235-   | 0076     |
| Expires A | August 31, 1 | .989     |
| SI        | C USE ON     | ILY      |
| Prefix    |              | Serial   |
| ļ         |              |          |
| DA        | TE RECEI     | VED      |
|           | l :          | <u> </u> |

| Name of Offering ( check if this is an amen       | ndment and name has changed, and indicate    | change.)                               |
|---|--|--|
| Filing Under (Check box(es) that apply): $\Box$ R |  | Section 4(6) ULOE                      |
| Type of Filing:   New Filing   Amendm             | nent   |  |
|   | A. BASIC IDENTIFICATION DAT                  |  |
| 1. Enter the information requested about the iss  | suer   |  |
| Name of Issuer ( check if this is an amendm       | ent and name has changed, and indicate ch    | ange.)                                 |
| Wyn Developments Inc.                             |  |  |
|   | Number and Street, City, State, Zip Code)    | Telephone Number (Including Area Code) |
| 620 - 800 West Pender Street, Vancouver, B        | British Columbia, V6C 2V6                    | (604) 685-5851                         |
|   | Number and Street, City, State, Zip Code)    | Telephone Number (Including Area Code) |
| (if different from Executive Offices)             |  | REGIEVE-NO.                            |
| Brief Description of Business                     |  | < JUL 0 8 2004                         |
|   |  | # 10 8 500V ).                         |
| Resource Exploration Company                      |  |  |
| Type of Business Organization                     |  | 2 181 APROCECED                        |
| ☑ corporation                                     | □ limited partnership, already formed        | other (please specify)                 |
| □ business trust                                  | ☐ limited partnership, to be formed          | 1 / 2004                               |
|   | MonthYea                                     | IT 2009                                |
| Actual or Estimated Date of Incorporation or C    | Organization: 0 2 8                          | 4 Actual DEstimated THOMSON            |
| Jurisdiction of Incorporation or Organization: (  | (Enter two-letter U.S. Postal Service abbrev | viation for State: FINANCIAL           |
| <u> </u>  | CN for Canada, FN for other foreign          | jurisdiction C N                       |

## **GENERAL INSTRUCTIONS**

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice In the appropriate states will not result In a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result In a loss of an available sta1e exemption unless such, exemption is predicated on the filing of a federal notice.

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- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Check Box(es) that Apply:  | □ Promoter      | ☐ Beneficial Owner   | ☑ Executive Officer  | ☑ Director                                   | □ General and/or Managing Partner  |
|--|-----------------|--|--|--|--|
| Full name (Last name first, i  | f individual)   |  |  |  |  |
| Kesonen, Daniel P.   |                 |  |  |  |  |
| Business or Residence Address  | ess (Numb       | er and Street, City, Sta   | ate, Zip Code)   |  |  |
| 714 - 4400 PGA Boulevard   | l, Palm Beach   | Gardens, Florida, 3  | 3410, USA  |  |  |
| Check Box(es) that Apply:  |                 | ☐ Beneficial Owner   | □ Executive Officer  | ☑ Director                                   | □ General and/or  Managing Partner   |
| Full name (Last name first, i Jorgensen, Ron                         | f individual)   |  |  |  |  |
| -Business or Residence Address - 800 West Pender Str                 |                 |  | 7  | on de la company<br>Transporte de la company |  |
| Check Box(es) that Apply:  | □ Promoter      | ☐ Beneficial Owner   | □ Executive Officer  | ☑ Director                                   | □ General and/or Managing Partner  |
| Full name (Last name first, i Krause, Robert G.                      | f individual)   |  |  |  |  |
| Business or Residence Address 320 – 633 West 8 <sup>th</sup> Avenue, | •               | er and Street, City, Sta<br>British Columbia, V  | , . ,  |  |  |
| Check Box(es) that Apply:  | □ Promoter      | □ Beneficial Owner   | ☑ Executive Officer  | □ Director                                   | □ General and/or  Managing Partner   |
| Full name (Last name first, i<br>Brydle, John                        |                 |  |  |  | The conference of the conferen |
| Business or Residence Addr<br>1512 Rochester Avenue, Co              |                 |  | the two contracts and  |  |  |
| Check Box(es) that Apply:  | □ Promoter      | ☑ Beneficial Owner   | □ Executive Officer  | □ Director                                   | ☐ General and/or  Managing Partner   |
| Full name (Last name first, i Fisher, Marlene A.                     | f individual)   |  |  |  |  |
| Business or Residence Address 110 – 1383 Marinaside Cre              | ,               | er and Street, City, Star, British Columbia,   | · •  |  |  |
| Check Box(es) that Apply:  |                 | Law Miles - Miles - Dealer - D |  | ☑ Director   □                               | General and/or  Managing Partner   |
| Full name (Last name first, i  McMillan, David                       | f individual)   |  |  |  |  |
| Business or Residence Address 1603 – 1236 Bidwell Street,            | 5428 AM SECTION | er and Street, City, Sta<br>British Columbia, V  | TELE CONTROL CONTROL CONTROL CONTROL OF A CO |  |  |
| Check Box(es) that Apply:  | □ Promoter      | □ Beneficial Owner   | ☐ Executive Officer  | □ Director □                                 | General and/or  Managing Partner   |
| Full name (Last name first, i  | f individual)   |  |  |  |  |
| Business or Residence Addre  | ess (Numb       | er and Street, City, Sta   | nte, Zip Code)   |  |  |

|               |   |                               |  | B. I                        | NFORMA                  | TION AB                    | OUT OFF               | ERING                          | that it                                |                           |                                       |                  |                    |
|---------------|---|-------------------------------|--|-----------------------------|-------------------------|----------------------------|-----------------------|--------------------------------|--|---------------------------|---------------------------------------|------------------|--------------------|
|               |   |                               |  |                             |                         |                            |                       |                                |  |                           | Y                                     | es               | No                 |
| 1. Has t      | the issuer so                           | ld, or does                   | the issuer in  | tend to sell                | , to non-ac             | credited in                | vestors in th         | nis offering                   | ·                                      |                           |                                       |                  | $\square$          |
|               |   |                               |  | _                           | -                       |                            | filing under          |                                |  |                           |                                       |                  |                    |
| 2. Wha        | t is the mini                           | mum inves                     | tment that w   | ill be accep                | oted from a             | ıny individ                | ?                     |                                |  |                           | \$_                                   | _N/A             | <u>r</u>           |
|               |   |                               |  |                             |                         |                            |                       |                                |  |                           |                                       | 'es              | No                 |
|               |   |                               | int ownership  |                             |                         |                            |                       |                                |  |                           |                                       | <b>☑</b>         |                    |
| remu<br>perso | neration for<br>on or agent (5) persons | r solicitation<br>of a broker | ested for eac<br>on of purchas<br>or dealer reg<br>d are associa | sers in con<br>sistered wit | nection w<br>th the SEC | ith sales of<br>and/or wit | securities hastate or | in the offer<br>states, list t | ing. If a pe<br>he name of             | erson to be<br>the broker | listed is a or dealer.                | n asso<br>If mor | ociated<br>re than |
| Full Na       | me (Last na                             | me first, if                  | individual)  |                             |                         |                            |                       |                                |  |                           |                                       |                  |                    |
| N/A           |   |                               |  |                             |                         |                            |                       |                                |  |                           |                                       |                  |                    |
| Busines       | ss or Reside                            | nce Addres                    | s (Number a  | nd Street, (                | City, State,            | Zip Code)                  |                       |                                |  |                           |                                       |                  |                    |
| Name o        | of Associate                            | d Broker or                   | r Dealer   |                             |                         |                            |                       |                                |  |                           |                                       |                  |                    |
| States is     | n Which Pe                              | rson Listed                   | Has Solicite   | d or Intend                 | ls to Solici            | t Purchaser                | s                     |                                | - SHIM                                 |                           |                                       |                  |                    |
|               |   |                               | heck individ   |                             |                         |                            |                       |                                |  |                           | All State                             | s                |                    |
| [AL]          | [AK]                                    | [AZ]                          | [AR]   | [CA]                        | [CO]                    | [CT]                       | [DE]                  | [DC]                           | [FL]                                   | [GA]                      | [HI]                                  | [ ID             | )]                 |
| [IL]          | [ IN ]                                  | [ IA]                         | [KS]   | [KY]                        | [LA]                    | [ME]                       | [MD]                  | [MA]                           | [MI]                                   | [MN]                      | [MS]                                  | [M0              |                    |
| [MT]          | [NE]                                    | [NV]                          | [NH]   | [NJ]                        | [NM]                    | [NY]                       | [NC]                  | [ND]                           | [OH]                                   | [OK]                      | [OR]                                  | [PA              | .1                 |
| [ RI ]        | [SC]                                    | [SD]                          | [TN]   | [TX]                        | [UT]                    | [VT]                       | [VA]                  | [WA]                           | [WV]                                   | [WI]                      | [WY]                                  | [PR              | .]                 |
| Full Na       | me (Last na                             | me first, if                  | individual)  |                             |                         |                            |                       |                                |  |                           |                                       |                  |                    |
| Busines       | s or Reside                             | nce Addres                    | s (Number a  | nd Street, (                | City, State,            | Zip Code)                  |                       |                                |  |                           |                                       |                  |                    |
| Name o        | of Associate                            | d Broker o                    | Dealer   |                             | -                       | <u></u>                    |                       |                                |  | *****                     |                                       |                  |                    |
| States in     | n Which Pe                              | rson Listed                   | Has Solicite   | d or Intend                 | ls to Solici            | t Purchaser                | s                     |                                |  |                           | <del></del>                           |                  |                    |
| (6            | Check "All                              | States" or c                  | heck individ   | ual States)                 |                         |                            |                       |                                |  |                           | Ali State                             | S                |                    |
| [AL]          | [AK]                                    | [AZ]                          | [AR]   | [CA]                        | [CO]                    | [CT]                       | [DE]                  | [DC]                           | [FL]                                   | [GA]                      | [HI]                                  | [ ID             | 1                  |
| [ IL ]        | [ IN ]                                  | [ IA]                         | [KS]   | [KY]                        | [LA]                    | [ME]                       | [MD]                  | [MA]                           | [MI]                                   | [MN]                      | [MS]                                  | [M(              | _                  |
| [MT]          | [NE]                                    | [NV]                          | [NH]   | [NJ]                        | [NM]                    | [NY]                       | [NC]                  | [ND]                           | [OH]                                   | [OK]                      | [OR]                                  | [PA              |                    |
| [ RI ]        | [SC]                                    | [SD]                          | [TN]   | [TX]                        | [UT]                    | [VT]                       | [VA]                  | [WA]                           | [WV]                                   | [WI]                      | [WY]                                  | [PR              | .]                 |
| Full Na       | me (Last na                             | me first, if                  | individual)  |                             |                         |                            |                       |                                |  |                           |                                       |                  |                    |
| Busines       | ss or Reside                            | nce Addres                    | ss (Number a   | nd Street,                  | City, State             | , Zip Code)                |                       |                                | . 100                                  |                           |                                       |                  |                    |
| Name o        | of Associate                            | d Broker or                   | r Dealer   |                             |                         |                            |                       |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                           | · · · · · · · · · · · · · · · · · · · |                  |                    |
| States i      | n Which Pe                              | rson Listed                   | Has Solicite   | d or Intend                 | ls to Solici            | t Purchaser                | s .                   |                                |  |                           |                                       |                  |                    |
|               |   |                               | check individ  |                             |                         |                            |                       |                                |  |                           | □ All State                           | s                |                    |
| [AL]          | [AK]                                    | [AZ]                          | [AR]   | [CA]                        | [CO]                    | [CT]                       | [DE]                  | [DC]                           | [FL]                                   | [GA]                      | [HI]                                  | [ID              | )]                 |
| [IL]          | [ IN ]                                  | [ IA]                         | [KS]   | [KY]                        | [LA]                    | [ME]                       | [MD]                  | [MA]                           | [MI]                                   | [MN]                      | [MS]                                  | [M0              |                    |
| [MT]          | [NE]                                    | [NV]                          | [NH]   | [NJ]                        | [NM]                    | [NY]                       | [NC]                  | [ND]                           | [OH]                                   | [OK]                      | [OR]                                  | [PA              |                    |
| r Dr 1        | [CC]                                    | [CD]                          | [TNI]  | (TV)                        | רו נידיו                | 13/T1                      | [X/ A ]               | Γ337 A T                       | £33/3/1                                | [33/17                    | $\Gamma W/V T$                        | rdd              | 1                  |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE   | OF P | ROCEEDS                 |            |      |   |  |
|--|------|-------------------------|------------|------|---|--|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |      |                         | <u>-</u>   |      |   |  |
| Type of Security   |      | ggregate<br>ering Price |            | A    | Amount lready Sold                      |  |
| Debt   | \$   | 0                       |            | \$   | 0                                       |  |
| Equity   | \$   | 0                       |            | \$   | 42,995                                  |  |
| ☑ Common □ Preferred   |      |                         |            |      |   |  |
| Convertible Securities (including warrants)  | \$   | 0                       |            | \$   | 0                                       |  |
| Partnership Interests  |      | 0                       | •          | \$   | 0                                       |  |
| Other (Specify)  |      | 0                       |            | \$.  | 0                                       |  |
| Total  |      | 0                       | -          | \$   | 42,995                                  |  |
| Answer also in Appendix, Column 3, if filing under ULOE.   |      |                         |            |      |   |  |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |      |                         |            |      |   |  |
|  |      | Number<br>nvestors      |            | Do   | Aggregate<br>Ilar Amount<br>f Purchases |  |
| Accredited Investors   |      | 4                       |            | \$   | 42,995                                  |  |
| Non-accredited Investors   |      | 0                       |            | \$   | 0                                       |  |
| Total (for filings under Rule 504 only)  |      | N/A                     |            | \$_  | N/A                                     |  |
| Answer also in Appendix, Column 4, if filing under ULOE.   |      |                         |            |      |   |  |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |      |                         |            |      |   |  |
| Type of Offering   |      | Type of<br>Security     |            | Do   | llar Amount<br>Sold                     |  |
| Rule 505   |      | 0                       |            | \$   | 0                                       |  |
| Regulation A   |      | 0                       | . <b>.</b> | \$   | 0                                       |  |
| Rule 504   |      | 0                       |            | \$   | 0                                       |  |
| Total  |      | 0                       |            | \$   | 0                                       |  |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |      |                         |            |      |   |  |
| Transfer Agent's Fees.   |      |                         | -          | \$   | 0                                       |  |
| Printing and Engraving Costs.  |      |                         | -          | \$_  | 0                                       |  |
| Legal Fees   |      |                         | Ø          | \$   | 1,000                                   |  |
| Accounting Fees.   |      |                         | Π.         | \$   | 0                                       |  |
| Engineering Fees.  |      |                         |            | \$   | 0                                       |  |
| Sales Commissions (specify finders' fees separately)   |      |                         |            | _\$_ | 0                                       |  |
| Other Expenses (identify)  |      |                         |            | \$   | 0                                       |  |

Total.....

<sup>\*</sup> This is the portion of the offering being offered pursuant to Regulation D, which forms part of a total offering of US\$789,682.18.

| der die d | C. OFFERIN   | G PRICE, NUMBER OF INVE   | STORS, EXPENSES AND U  | SE    | OF PI    | ROCEEDS                                  |       |            |                      |
|-----------|--|---|--|-------|----------|--|-------|------------|----------------------|
| and       | total expenses furnished in re   | aggregate offering price given in esponse to Part C - Question 4.a.   | This difference is the "adjust                                     | ted   |          |  |       | \$         | 41,995               |
| for e     | ach of the purposes shown. If k the box to the left of the e   | adjusted gross proceeds to the is the amount for any purpose is no stimate. The total of the paymenth in response to Part C - Questio | ot known, furnish an estimate a<br>ts listed must equal the adjust | nd    |          |  |       |            |                      |
|           |  |   |  |       | Di:      | yments to Officers, rectors & Offiliates |       | Pa         | nyments to<br>Others |
|           | Salaries and fees  |   | ***************************************                            |       | \$_      | _0                                       |       | \$_        | 0                    |
|           | Purchase of real estate  |   |  |       | \$       | 0  |       | \$         | 0                    |
|           | Purchase, rental or leasing a  | nd installation of machinery and  | equipment  |       |          | 0  |       | \$         | 0                    |
|           | Construction or leasing of p   | lant buildings and facilities   |  |       | \$       | 0  | _ D   | \$         | 0                    |
|           | offering that may be used in   | ses (including the value of securi<br>exchange for the assets or securi   |  |       | _        |  |       |            |                      |
|           | issuer pursuant to a merger)   |   |  |       |          |  |       |            | 0                    |
|           | Repayment of indebtedness  |   |  | -     | _\$      |  |       |            | 0                    |
|           | Working capital  |   |  |       | <u> </u> |  |       | \$         | 41,995               |
|           | Other (specify):   |   |  | α_    | \$       | 0  |       | \$         | 0                    |
|           |  |   |  |       | \$       | 0  |       | \$         | 0                    |
|           |  |   |  | . 🗖 . | \$       | 0  |       | <u>\$_</u> | 0                    |
|           | Column Totals  |   |  |       | \$       | 0  |       | \$         |                      |
|           | Total Payments Listed (colu  | mn totals added)  |  |       |          | <b> ✓</b> \$ 4                           | 1,995 | ;<br>      | _                    |
|           | aning sa ang at taon ang at ang a<br>Sa at ang at | D. FEDERA   | L SIGNATURE  |       |          |  |       |            |                      |
| followi   | ng signature constitutes an un   | cice to be signed by the undersigned dertaking by the issuer to furnish the issuer to any non-accredited                              | to the U.S. Securities and Exc                                     | hang  | e Cor    | nmission, uj                             |       |            |                      |
|           | Print or Type)<br>evelopments Inc.   | Signature   | Dε   | ıte   |          |  |       |            |                      |
| Name o    | of Signer (Print or Type)  |   | Title of Signer (Print or Ty                                       | pe)   |          |  |       |            | *                    |
| Ronald    | Jorgensen  |   | Director   |       |          |  |       |            |                      |
|           |  |   |  |       |          |  |       |            |                      |
|           |  |   |  |       |          |  |       |            |                      |
|           |  |   |  |       |          |  |       |            |                      |

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|---|-------------------------------------|--|-------------|-----------|
|   | E. STATE SI                         | GNATURE  |             |           |
| 1. Is any party described in 17 CFR 230 such rule?  |                                     | ubject to any of the disqualification provisions of  | Yes         | No        |
| 340774.0.   |                                     |  |             | $\square$ |
|   | See Appendix, Column                | 5, for state response.   |             |           |
| <ol><li>The undersigned issuer hereby und<br/>Form D (17 CFR 239.500) at such t</li></ol> |                                     | administrator of any state in which this notice is f   | filed, a no | tice or   |
| <ol> <li>The undersigned issuer hereby under<br/>offerees.</li> </ol>                     | takes to furnish to the state admin | istrators, upon written request, information furnished   | by the iss  | uer to    |
|   | e state in which this notice is fi  | conditions that must be satisfied to be entitled to the led and understands that the issuer claiming the aven satisfied. |             |           |
| The issuer has read this notification a undersigned duly authorized person.               | and knows the contents to be tru    | e and has duly caused this notice to be signed on  | its behalf  | by th     |
| Issuer (Print or Type)  | Signature                           | Date   |             |           |
| Wyn Developments Inc.   | Ru Da                               | JULY 7, 2004   | r<br>F      |           |
| Name of Signer (Print or Type)  |                                     | Title of Signer (Print or Type)  |             |           |

Director

#### Instruction.

Ronald Jorgensen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.